

# REGION VI AGING SERVICES

*Russ Sunderland, Regional Aging Services Program Administrator*

Serving: Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman and Wells Counties



## Summer 2007



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### AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Russ Sunderland** at **253-6344**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **South Central Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **South Central Human Service Center** is an equal opportunity employer.

### MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.



## Dietary Reference Intakes (DRI's)

### Older Americans Act Nutrition Programs – More Than Just a Meal

“What’s for lunch today?” is a question frequently heard at an Older Americans Act (OAA) nutrition site often a Senior Center. The question is readily answered by the site manager, the cook, or another participant. But, do you know what goes on “behind the scenes” to prepare that meal? Meals served by nutrition programs are made from menus that are carefully written to include adequate nutrients that promote good health and manage chronic disease.

The 2006 amendments to the Older Americans Act (OAA) address several important changes to the OAA Nutrition Program. For the first time, the law documents the purpose of nutrition services:

- “1) To reduce hunger and food insecurity;
- 2) To promote socialization of older individuals; and
- 3) To promote the health and well being of older individuals in assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health of sedentary behavior.”

The law further requires that all meals must comply with the most recent Dietary Guidelines for Americans and provide for each meal, a minimum of 33 1/3% of the **Dietary Reference Intakes (DRI's)** as established by the Institute of Medicine of the National Academy of Sciences. Dietary Guidelines describe food choices that promote good health. The DRI's help assure that nutrient needs are met.

With the new requirements, you will see some changes in the menus. In order to meet nutrient requirements, an additional serving of bread or a bread alternative and an additional serving of a fruit or vegetable will be served; fats and sodium will be limited. The nutrition providers will continue to serve tasty and healthful meals.

In addition to nutritious meals, the OAA Nutrition Programs also provide other services for older individuals. They include:

- Congregate meal site participation: provides for interaction and socialization.
- Nutrition education: empowers individuals to make behavior changes in eating habits through information on food and nutrition.
- Nutrition counseling: provides individualized information/counseling on specific nutrition issues or concerns.
- Information and referral: connects individuals to other needed services in the community.
- Health maintenance services and exercise programs are also available at many of the nutrition sites.

So, the next time you go to the nutrition site, take advantage of all that it has to offer!

*Source: Sheryl Pfliger, Program Administrator, DHS, Aging Services Division*

**WE CANNOT DIRECT THE WIND, BUT WE CAN ADJUST OUR SAILS.**



**“The Conference You Have Been Waiting For!”**  
**Northern Plains Conference on Aging and Disability**  
**“Gates to Independence: Options and Choice”**  
**October 3-5, 2007    Ramada Plaza Suites**  
**Fargo, North Dakota**

National, regional and local presenters will speak on many facets of aging and disability. An extensive booth fair is planned. Keynote presenters include:

- Dr. Neelum T. Aggarwal – Clinical Core Leader, Assistant Professor of Neurological Sciences at the Rush Alzheimer's Center
- Dr. Ann Thomas – Author and leader in the area of embracing the journey into our elder years
- Dick Beardsley – World class runner and motivational speaker from Minnesota
- Chuck Suchy – Folk singer, story teller, songwriter and farmer from North Dakota
- Twenty-nine concurrent sessions will be offered on wide variety of topics (i.e. Making End of Life Decisions, Dealing with Difficult People, Loss of Power as We Age, Integrating Assistive Technology into Affordable Housing, Estate and Long term Care Planning, Compassion Fatigue, Identity Theft, Arthritis, Osteoporosis).

Your registration fee includes:

- Kick off event at Bethany Homes on October 3
- 2-Day Conference on October 4 and 5
- Refreshment Breaks
- Noon Lunches on October 4 and 5
- Certificate of Attendance
- Optional Facility Dinner Tour
- Booth and Vendor Fair

Recommended Audience:

- ✓ Seniors
- ✓ Nurses and Healthcare Providers
- ✓ Licensed Professional Counselors and Social Workers
- ✓ Long-Term Care Professionals
- ✓ Church Leaders and Parish Nurses
- ✓ Home and Community Based Service Providers
- ✓ Outreach and Human Service Workers
- ✓ Individuals Who Have an Interest in Aging and Disability

CEU's: Continuing Education Units pending approval for: Nurses, Social Workers, and Nursing Home Administrators

**Registration Information:** If you would like to be added to the mailing list and receive a brochure, please contact: MSU Moorhead Continuing Studies at 218-477-5862 or [contstudy@mnstate.edu](mailto:contstudy@mnstate.edu) *Ask to be put on the mailing list for the Northern Plains Conference on Aging and Disability.* Your registration brochure will be mailed to you by 8-3-07.

The Cost:	Registration (on or before September 7, 2007)	
	<ul style="list-style-type: none"> <li>• Professional and General Public Rate</li> <li>• Retired Persons Age 60 and Over Rate</li> <li>• Students With Valid Student ID Rate</li> </ul>	\$75 \$30 \$30
	Registration after September 7, 2007	
	<ul style="list-style-type: none"> <li>• Professional and General Public Rate</li> <li>• Retired Persons Age 60 and Over Rate</li> <li>• Students With Valid Student ID Rate</li> </ul>	\$100 \$45 \$45
	<b>(Note: fees are higher at the door)</b>	

[www.northernplainsconference.com](http://www.northernplainsconference.com)

## **ALZHEIMER'S**

### **Driving & Alzheimer's**

Families struggle with the decision to limit or stop a person with dementia from driving. The person may be upset by the loss of independence and the need to rely on others for going places. This sense of dependence may prevent people with dementia from giving up the car keys. A diagnosis of Alzheimer's disease alone is not a reason to take away driving privileges. Here are some ways to best determine if it is safe for a person with dementia to continue driving.

#### **Warning Signs of Unsafe Driving**

- Forgetting how to locate familiar places
- Failing to observe traffic signals
- Making slow or poor decisions
- Driving at inappropriate speeds
- Becoming angry and confused while driving
- Hitting curbs
- Poor lane control
- Confusing the brake and gas pedals
- Returning from a routine drive later than usual

#### **Tips to Limit Driving**

- Ask a doctor to write the person a "do not drive" prescription
- Control access to the car keys
- Disable the car by removing the distributor cap or battery
- Park the car on another block or in a neighbor's driveway
- Have the person tested by the Department of Motor Vehicles
- Arrange for another mode of transportation
- Substitute the person's driver's license with a photo identification card (in addition to making the car inaccessible)

### **Stay Mentally Active**

Mental decline as you age appears to be largely due to altered connections among brain cells. But research has found that keeping the brain active seems to increase its vitality and may build its reserves of brain cells and connections. You could even generate new brain cells.

You don't have to turn your life upside down, or make extreme changes to achieve many of these benefits. Start with something small, like a daily walk or crossword puzzles. After a while, add another small change.

#### **Keep Your Brain Active Every Day**

- Stay curious and involved – commit to lifelong learning
- Read, write, work crosswords or other puzzles
- Attend lectures and plays
- Enroll in courses at your local adult education center, community college or other community group
- Play games
- Garden
- Try memory exercises
- Take dancing lessons

*Source: Alzheimer's Association, Minnesota-North Dakota Spring 2007 Newsletter*

For more information on Alzheimer's, contact the following:

Eastern North Dakota Regional Office  
Gretchen Everson, Director  
4357 13<sup>th</sup> Ave SW  
Fargo, ND 58103  
(701) 277-9757

**Jamestown Alzheimer's Association  
Memory Walk**

**September 29, 2007**

**Registration at 9:30 a.m. at McElroy Park**

## STROKE Awareness:

Stroke doesn't discriminate – it affects people of all ages, ethnicities and backgrounds!

- Stroke is the No. 3 killer in the U.S. and a leading cause of disability.
- One of six people over age 55 is at risk of stroke.
- Know your risk factors. Learn the warning signs. A family history of stroke increases your risk.

Fortunately, most strokes are preventable, and you can take steps **NOW** to reduce having a stroke.

**Face Stroke Before It Faces You.**



### Lowering Your Risk:

With more than 700,000 Americans suffering a stroke each year, it becomes critical to understand both the signs of this deadly condition and ways to lower the risk. While some risk factors are hereditary, others result from lifestyle factors that may be controllable or treatable:

- High blood pressure – High blood pressure is the most important controllable risk factor for stroke. The effective treatment of high blood pressure has helped lower the death rate for stroke.
- Cigarette smoking – Studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in smoke damages the cardiovascular system.

- Atrial fibrillation – This heart rhythm disorder raises the risk for stroke. The heart's upper chambers quiver instead of beating effectively, which can let the blood pool and clot. If a clot breaks off, enters the bloodstream, and lodges in an artery leading to the brain, a stroke occurs.

- Sickle cell disease (also called sickle cell anemia) - This genetic disorder mainly affects African-American and Hispanic children. "Sickled" red blood cells are less able to carry oxygen to the body's tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.

- High blood cholesterol – People with high blood cholesterol have increased risk for stroke. Also, low HDL ("good") cholesterol is a risk factor for stroke in men, but more data is needed to verify its effect on women.

- Poor diet – Diets high in saturated fat, trans fats and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. A diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.

- Physical inactivity and obesity – Being inactive, obese or both can increase your risk of high blood pressure, high cholesterol, diabetes, heart disease and stroke. So go on a brisk walk, take the stairs, and do whatever you can to make your life more active. Try to get a total of at least 30 minutes of activity on most or all days.

- Schedule regular visits with your doctor.

*(For more information about stroke risk and prevention, visit the American Stroke Association at [www.strokeassociation.org](http://www.strokeassociation.org).)*

## **Learn the Warning Signs of a Stroke:**

Stroke is highly treatable in the first three hours.

### **Call 9-1-1 IMMEDIATELY if any occur.**

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

*You have the **Power To End Stroke**. Visit [StrokeAssociation.org/power](http://StrokeAssociation.org/power) or call 1-888-4-STROKE.  
(Sources taken from Community-Health-Advocacy-Pfizer Spring 2007)*



## **Hot weather invites outdoor fun.....**

It can also put seniors at risk for heat-related illness such as heat exhaustion and/or heat stroke. Too much heat may lead to other serious disorders such as dehydration, heat cramps, and sunburn. In some cases, heat related illnesses may be fatal. Your best defense against heat related illness is prevention.

**Heat exhaustion** is the direct result of the loss of body fluids and important salts in the body. The symptoms of this condition are best described as:

- lightheadedness to dizziness,
- headache,
- nausea,
- fatigue,
- profuse sweating, and
- the skin is often pale and clammy.

Treat the person by placing them in a cool environment, remove or loosen tight clothing, and have them lie down. Keep them cool and have them drink plenty of fluids or Gatorade.

A **heat stroke** victim's body is hot (usually up to 104 degrees), and usually dry, red and spotted. Heat stroke can be caused by being in extreme heat for a long period of time, and is a medical emergency. It may develop quickly in older people living in hot and humid environments. Without some immediate treatment, heat stroke can result in coma and death. The symptoms that a victim might experience are:

- being confused,
- having convulsions,
- being delirious, and
- even unconscious.

**Immediate first aid and medical assistance is necessary.** Call **911** immediately. (**FAST** action is essential!) This is a medical emergency!!!

The best way to avoid heat stroke is to:

- stay out of the sun,
- keep cool,
- drink plenty of fluids and avoid beverages with alcohol or caffeine,
- take cool baths, or shower often, especially if you're in a hot and humid climate,
- eat lightly,
- normally exercise can be good for you, but you must take precautions not to over do it,
- wear loose-fitting cotton clothes,
- avoid going outside in the middle of the day, and
- run a fan to provide cooling.

For adults 65 and older, exposure to extreme heat, even for a short time, can overload the body's natural cooling system. This can pose a real health threat, especially when temperatures soar and humidity is high. *(This article is general information, and should not be construed as medical advice.)*



## TIPS FOR PEOPLE AT RISK FOR TYPE 2 DIABETES:

As you get older, your risk for type 2 diabetes increases. If you are age 60 or more and overweight, you are at risk for type 2 diabetes or pre-diabetes. Take these small steps to prevent or delay the onset of the disease. Lose a modest amount of weight (10 to 14 pounds for a 200-pound person) by moving more and making healthy food choices.

### Eat Right

To prevent type 2 diabetes!

Reduce the amount of food you eat to help with weight loss.

### Choose Healthy Foods:

- Whole grain foods such as whole wheat bread, crackers, and cereals, and brown rice, oatmeal, and barley.
- A variety of colorful fruits and vegetables.
- Small portions of heart-healthy fats such as nuts, seeds, and vegetable oils.
- Low fat or skim milk, yogurt, and cheese.

### Try These Tips:

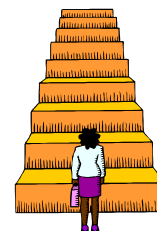
- Eat three-ounce servings of meat, poultry, and fish – about the size of a deck of cards.
- Choose fish and lean meat and poultry without the skin.
- Choose foods that have been baked or broiled instead of fried.
- Limit sweets and desserts. They usually contain a lot of fat as well as sugar. Have a small serving at the end of a healthy meal – and not every day.
- Share large portions when eating out.
- When your grandkids visit, offer them health snacks such as fruit instead of cookies and chips.
- Choose water to drink.
- Eat breakfast every day.

## REMEMBER

- Ask your doctor or health care team if you are at risk for type 2 diabetes. Let them know you want to be more active. If you have limited physical ability, ask which activities will be safe for you.
- Make healthy food choices and reduce the amount you eat.
- Your goals are to get 30 minutes of physical activity five days a week and to lose a modest amount of weight.
- Medicare offers a free blood glucose test for people at risk for diabetes. Visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE to learn more.

**It may not be easy to make these lifestyle changes, but you can do it!!**

## TAKE YOUR FIRST STEP TODAY



To learn more, go to the:

- National Diabetes Education Program at [www.ndep.nih.gov](http://www.ndep.nih.gov). Click on the **Small Steps, Big Rewards. Prevent type 2 Diabetes.** link for a free copy of **Your GAME PLAN to Prevent type 2 Diabetes.** You can also call 1-800-438-5383.
- Weight-control Information Network (WIN) at [www.win.niddk.nih.gov](http://www.win.niddk.nih.gov) or 1-877-946-4627.

[www.ndep.nih.gov](http://www.ndep.nih.gov)

(Taken from: NIH Publication No. 07-5528 NDEP 75)

# ND Family Caregiver Support Program

## Caregiving: The Power of Positive Attitude

Your attitude toward the challenges of caregiving will make it easier or more difficult for you to deal with them. If you have an optimistic attitude, you are more likely to expect that a positive outcome is possible and to focus on what you can do when faced with a change or decision. With a pessimistic attitude, focus is on the negative. Being optimistic doesn't mean you suppress your feelings when dealing with a difficult situation or decision. It's perfectly normal to feel discouraged, angry, fearful, anxious, sad and uncertain. However, people who are optimistic get beyond these feelings to make the most of a situation.

An optimistic attitude helps you avoid depression, helps you focus, and motivates you to move forward. Studies also show that an optimistic attitude may help you avoid getting sick during stressful times. On the other hand, a pessimistic attitude – for example, thinking nothing can be done – will probably keep you from looking for ways to deal with the changes you face and will increase feelings of helplessness. And, it might even put your health at risk.

Optimism creates possibilities and hope; pessimism destroys them. How you view events can either enhance or undermine your ability to master a transition.

To determine if you tend to be optimistic or pessimistic, complete the following. Check "yes" if you agree with the statement; check "no" if you don't agree.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Caregiving problems are never-ending.
<input type="checkbox"/>	<input type="checkbox"/>	Good things that happen are only brief moments in time.
<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness casts a dark cloud over every area of my life.
<input type="checkbox"/>	<input type="checkbox"/>	I am responsible for making the care receiver happy.
<input type="checkbox"/>	<input type="checkbox"/>	Nothing can be done to make my situation better.

If you checked "yes" to any of the previous statements, your attitude tends toward pessimism and may be inhibiting your ability to deal with change and to make sound decisions.

You can become more optimistic by applying these tools:

- View setbacks as temporary.
- View bad things as specific, not universal.
- Seek solutions to problems.
- Give yourself credit for what you do.



- Recognize beliefs are not facts.
- Practice positive self-talk.

<b><u>Optimistic Outlook</u></b>	<b><u>Pessimistic Outlook</u></b>
<p>“Things usually work out eventually.”  <i>(Sees bad events as temporary that will pass. Shows hopefulness.)</i></p>	<p>“Things never seem to work out.”  <i>(Sees bad things as permanent and unchangeable. Sees good as fleeting. Believes nothing can be done so does nothing.)</i></p>
<p>“Despite the stroke we still enjoy each other and our fishing trips.”  <i>(Sees life as generally good with a negative event affecting only a part of life.)</i></p>	<p>“The stroke has ruined our retirement years.”  <i>(Sees a negative event affecting entire life. Causes feelings of grief and loss for a future now viewed as gone.)</i></p>
<p>“Strokes happen. I’m looking at what we can do to prevent another stroke.”  <i>(Does not blame self for situations or behavior cannot control. Willing to take credit for good things.)</i></p>	<p>“If I had insisted Norm quit smoking and fixed healthier meals, he probably would not have had a stroke.”  <i>(Blames self for negative situations over which has no control.)</i></p>

## Summary

The goal is to achieve a positive attitude based on present reality. Because you have control over your attitude, reaching this goal is up to you. If your current attitude is based on wishful thinking about the past, you can change it by how you deal with change and transition.

If you view a setback as “ruining your entire life forever,” you can change your perspective by identifying parts of your life untouched by the setback. If you view mistakes as opportunities to learn instead of signs of personal failure, you can avoid repeating them. If negative thinking and unfair self-criticism undermine your self-confidence, and paralyze your creativity, you can challenge the negativity with facts that make the criticism untrue.

Source: *The Caregiver Helpbook; Powerful Tools for Caregiving*



## Legal Services of North Dakota Senior Legal Hotline

Legal Services of North Dakota (LSND) and the Aging Services Division of the North Dakota Department of Human Services are partnering on a project to develop an enhanced senior legal services delivery system. This system will allow seniors to have telephone access to senior legal services programs provided by LSND, the State Bar Association of North Dakota (SBAND), and the University of North Dakota School of Law Clinic Education Program through one simple toll-free number. LSND will promote the use of the hotline with particular efforts toward Native American, immigrant, and rural and disabled seniors. WATCH for updates!

**Age 60+ years: Call Monday through Friday,  
8 a.m. – 5 p.m. CT  
1-866-621-9886**



### I've learned...

I've learned...	That just one person saying to me, "You've made my day!" makes my day.
I've learned...	That the best classroom in the world is at the feet of an elderly person.
I've learned...	That having a child fall asleep in your arms is one of the most peaceful feelings in the world.
I've learned...	That being kind is more important than being right.
I've learned...	That you should never say no to a gift from a child.
I've learned...	That no matter how serious your life requires you to be, everyone needs a friend to act goofy with.
I've learned...	That we should be glad God doesn't give us everything we ask for.
I've learned...	That simple walks with my father and/or mother on summer nights when I was a child did wonders for me as an adult.

# Telephone Numbers to Know

## Regional Aging Services Program Administrators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	MariDon Sorum	1-888-470-6968
<b>Region III:</b>	Donna Olson	1-888-607-8610
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
<b>Region VI:</b>	Russ Sunderland	1-800-260-1310
<b>Region VII:</b>	Cherry Schmidt (local: 328-8787)	1-888-328-2662
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## ND Family Caregiver Coordinators

<b>Region I:</b>	Karen Quick	1-800-231-7724
<b>Region II:</b>	Theresa Flagstad	1-888-470-6968
<b>Region III:</b>	Kim Helten	1-888-607-8610
<b>Region IV:</b>	Raeann Johnson	1-888-256-6742
<b>Region V:</b>	Laura Fischer	1-888-342-4900
<b>Region VI:</b>	CarrieThompson-Widmer	1-800-260-1310
<b>Region VII:</b>	LeAnne Thomas	1-888-328-2662
<b>Region VIII:</b>	Michelle Sletvold	1-888-227-7525

## Long-Term Care Ombudsman Services

<b>State Ombudsman:</b>	Helen Funk	1-800-451-8693
<b>Region I &amp; II:</b>	Michelle Jacob	1-888-470-6968
<b>Region III &amp; IV:</b>	Kim Helten or Donna Olson (701-665-2200) OR	1-888-607-8610
<b>Region V &amp; VI:</b>	Bryan Fredrickson	1-888-342-4900
<b>Region VII:</b>	Helen Funk	1-800-451-8693
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

## Vulnerable Adult Protective Services

<b>Region I &amp; II:</b>	MariDon Sorum	1-888-470-6968
<b>Region III:</b>	Ava Boknecht, Kim Helten, or Donna Olson	1-888-607-8610
<b>Region IV:</b>	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	RaeAnn Johnson Vulnerable Adult Team (VAT):	1-888-256-6742
<b>Region V:</b>	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747.
<b>Region VI:</b>	Russ Sunderland	1-701-253-6344
<b>Region VII:</b>	Cherry Schmidt or Sheila Lindgren,	1-888-328-2662 or 1-701-328-8888
<b>Region VIII:</b>	Mark Jesser	1-888-227-7525

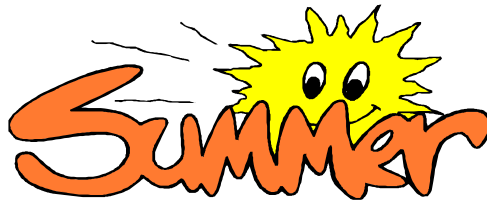
## Other

Aging Services Division and Senior Info Line:	1-800-451-8693
AARP: (1-888-OUR-AARP)	1-888-687-2277
ND Mental Health Association (Local):	1-701-255-3692
Help-Line:	1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933 1-800-232-0851

**Russ Sunderland**  
**Regional Aging Services Program Administrator**  
**South Central Human Service Center**  
**520 Third Street NW, PO Box 2055**  
**Jamestown, ND 58402-2055**

Phone: 701-253-6344  
Toll Free: 1-800-260-1310  
Fax: 1-701-253-6400

**To:**



### **Upcoming Events**

**\* Jamestown Alzheimer's Association Memory Walk: September 29, 2007**